

DIMACS  
CoRE Building, 4<sup>th</sup> floor  
Rutgers, The State University of New Jersey  
96 Frelinghuysen Road  
Piscataway, NJ 08854-8018

reu@dimacs.rutgers.edu

(732) 445-5930

Fax: 732-445-5932



## PRESS RELEASE PERMISSION FORM

I, (please print) \_\_\_\_\_, give Rutgers permission to record my image and/or voice and grant Rutgers all rights to use these recordings or photographs in any medium for educational, promotional, advertising, or other purposes that support the mission of the university.

I hereby assign and grant to the Center for Discrete Mathematics and Theoretical Computer Science (DIMACS) the right and permission to use and publish the photographs, film, videotapes, electronic representations and/or sound recordings made of me during the summer REU Program by DIMACS, and of any photographs, film, videotapes, electronic representations and/or sound recordings I submit to DIMACS. I hereby release DIMACS from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs, film, videotapes, electronic representations and/or sound recordings without limitation at the discretion of DIMACS and I specifically waive any right to any compensation I may have for any of the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Rutgers student: Y / N (circle one)

College \_\_\_\_\_ Major \_\_\_\_\_ Class Year \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

.....  
Please provide the names and addresses for some home town media outlets as well as your university/college media outlets so we can send a press release describing your participation in the DIMACS REU program:

Local Media Outlet: \_\_\_\_\_

Address: \_\_\_\_\_

Local Media Outlet: \_\_\_\_\_

Address: \_\_\_\_\_

Local Media Outlet: \_\_\_\_\_

Address: \_\_\_\_\_